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Amendment (7 pages) Two Terminal Disclaimers (2 pages) Fee Transmittal (1 page)

Serial No. 10/767,212 Attorney Docket No. 005127.00277

This collection of Information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gethering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 4818).				Complete if Known				7
FEE TRANSMITTAL			Application Number	10/767,21	2	PROF		
for FY 2005			Filing Date	1/28/04		CENTRAL PA	AFD	
		First Named Inventor	Frederick	J. Dojan, et	al.	^ USNTEP		
Applicant claims	small entity sta	itus. See 37	CFR 1.27	Examiner Name	J. Kavana	ugh	MAR 0	8 2006
TOTAL AMOUNT OF PAYMENT		NT (\$) 360		Art Unit	3728	•		
				Attorney Docket No.	005127.0	0277		ノ
METHOD OF PAY	MENT (check a	all that app	ly)					
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FEE CALCULATIO	N		_					
1. BASIC FILING,	SEARCH, AN			·	EVAMIN	ATION FEES		
	FILING	Small En		RCH FEES Small Entity		Small Entity		
Application Typ	<u>Fee (\$)</u>				Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	. 160	80		
Reissue	300	150	500	250	600	300		1
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIR	M FEES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 2		issues)				50	25	
Each independent	claim over 3 (in	cluding Rei	issues)			200	100	
Multiple dependent claims						360	180	
<u>Total Claims</u>	-	<u>Claims</u>	<u>Fee(\$)</u>	Fee Paid (\$)		<u>Multiple</u>	Dependent Claims	
<u>32</u> - 30 d	or HP= <u>2</u>	X	<u>50</u> =	<u>100</u>		<u>Fee (\$</u>	Fee Paid (\$)	
HP ≈ highest numi	ber of total claims p	sald for, If grea	ater than 20.			<u>o</u>	. <u>Q</u>	
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4. OTHER FEE(9)						Fees Paid (\$)	l	
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Other (e.g.,	late filing surch	arge) : Two	Terminal Disclaime	T Fees			<u>260</u>	
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SUBMITTED BY	\ \(\alpha\)	-0		Registration No.	E4 057		E00 40E 0000	\dashv
Signature	132-7	. Ka		(Attorney/Agent)	51,255	Telephone	503-425-6800	
Name (Print/Type)	Byrofi S. Kı	užara				Deta	3/8/ <u>0</u> 6	ر

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